Submit 3 Courses to Appropriate
District Office

State of New Mexico Ene: Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

Santa Fe. New Mexico 87504-2088 DISTRICT II

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-025-30974

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i.	Indicate Type of	Losse	_
		STATE	FEE 🛭

P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X 6. State Oil & Gas Lease No.				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name Langlie Mattix Water		
1. Type of Well:		Supply W			
OF GAS	er Supply Well				
2. Name of Operator RRIDGE OIL COMPANY I P		8. Well No.			
BRIDGE OIL COMPANY, L. P. 3. Address of Operator			9. Pool name or Wildcat		
12377 Merit Drive, Ste. 1600, Dallas, Texas	75251		nated San	Andres	
4. Well Location					
Unit Letter A: 1216 Feet From The North	Line and1300	Feet From	n TheEa	ast Line	
Section 15 Township 25S Ra	nge 37E N	IMPM	Lea	County	
10. Elevation (Show whether			7//////		
//////////////////////////////////////		 ,	<u> </u>		
11. Check Appropriate Box to Indicate 1 NOTICE OF INTENTION TO:		port, or Othe SEQUENT F		F:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK		ALTERING CA	SING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	OPNS. X	PLUG AND AB	$\overline{}$	
	CASING TEST AND CE		T COO AND AD		
PULL OR ALTER CASING		MENI JOB EEL			
OTHER:	OTHER:				
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, awork) SEE RULE 1103.	nd give pertinent dates, includi	ing estimated date of	of starting any pro	posed	
10/24/90 - Spud 17-1/2" Hole. 10/26/90 - Ran 401' 13-3/8" - 68# J-55 ST Flocel. Circulated 85 sx. to s Held O. K. 11/04/90 - Ran 8-5/8" 32#/Ft. K-55 LT&C Ca Cl. "C" + .25% antifoam. Circu for 30 minutes. Held O.K. TD	urface. Tested sing @ 3800'. C lated 143 sx. T	casing to Cemented w/	600 psi 30	O minutes.	
I hereby certify that the information above is true and complete to the best of my knowledge and Signature Dora McGough TYPE OR FRINT NAME (This space for State Use) ORIGINAL SIGNED BY MRRRY SEXTON	C D1	ory Analys	TELEMONE	1/30/90 No. 16 2 8 1950	
DISTRICT I SUPERVISOR II	ш		DATE		
CONDITIONS OF AFFROYAL, IF ANY:					